

U.S. EXCHANGE VISITOR PROGRAM ALUMNI ASSOCIATION OF MALAWI
REGISTRATION FORM

Title: Hon. Prof. Dr. Justice Mr. Ms (please tick one)

Name: (First) _____ (Last) _____

Position: _____

Organization: _____

Physical and mailing address: _____

Telephone: _____ Cell phone: _____

Email: _____ Fax: _____

Name of program attended (please tick one):

William J. Fulbright

Hubert H. Humphrey

International Visitor Leadership Program

Study of the U.S.

Other

(specify) _____

Title of Program (e.g. Accountability in Government and Business):

Dates attended: _____

Name of university or institution (Leave blank for International Visitor Leadership Program)

Comments /suggestions: _____
